



December 10, 2003

VIA FACSIMILE

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CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United Sates Postal Service with sufficient postage for First class or Express mall in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being faceimile transmitted to the USPTO, Group Art Unit 2157, (703) 872-9306 on the date indicated below.

Date: December 10, 2003

Name: <u>Jacqueline Wilson</u>

Signature: Jacqueline Wilson

Re:

Patent Application for:

" Method and Apparatus for Selective Network Access"

Serial No. 09/438,431

Attorney Docket No. P12817-US1

Dear Sir or Madam:

Enclosed for filing please find the following items relating to the above-identified application:

(1) Transmittal Letter (1 page)

(2) Response under 37 C.F.R §1.111 (13 pages)

There is no additional fee for this filing. The commissioner is hereby authorized to charge payment of any additional filing fees required associated with this communication or credit any overpayment to Deposit Account No. 50-1379.

If you have any questions or comments concerning this matter, please feel free to contact the undersigned at 972-583-8656.

Sincerely,

Sidney L. Weatherford

Intellectual Property Counsel

SLW/iw





AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Phillipe Charas et al.					Docket No. P12817-US1		
Serial No. 09/438,431	Nov	Filing Date ember 12, 1999	Exeminer Abdullahi Elmi Salad			Group Art Unit 2157	
Invention: Method and Apparatus for Selective Network Access							
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAININ AFTER AMENDMEN	_	NUMBER EXTE		RATE	ADDITIONAL FEE	
TOTAL CLAIMS	24 -	25 . =		0 ×	\$18.00	\$0.00	
INDEP. CLAIMS	4 -	4 *		0 ×	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable)							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00						\$0.00	
 ☑ No additional fee is required for amendment. ☐ Please charge Deposit Account No. 50-1379 in the amount of \$0.00 A duplicate copy of this sheet is enclosed. ☐ A check in the amount of to cover the filling fee is enclosed. ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1379 A duplicate copy of this sheet is enclosed. ☐ Any additional filling fees required under 37 C.F.R. 1.16. ☐ Any patent application processing fees under 37 CFR 1.17. ☐ Any Example Dated: December 10, 2003 Signature Signature 							
Ericsson Inc. 6300 Legacy Dri Plano, TX 75024	Pestal Se addressed 22313-14 belnw.	Jacquelie Welson, Signature					
cc:				Jacqueline Wilson 12/10/03 Depositor's Name and Date			